



Friendly Hills HealthCare Network

August 1, 1995

David Werdegar, M.D., M.P.H.
Health Policy & Planning Division
Office of Statewide Health Planning & Development
1600 9th Street, Suite 400
Sacramento, CA 95814

Re: Friendly Hills Regional Medical Center, La Habra, CA

Dear Dr. Werdegar:

Attached please find the above mentioned facility's response to the OSHPD Outcome Data. A copy was faxed to your office at (916) 653-1448 on today's date.

If you have any questions or comments, please feel free to contact me at (310) 905-3023.

Sincerely,



Nicolet Harris, R.R.A., Manager
Health Information Services

RESPONSE TO OSHPD OUTCOMES STUDY

Friendly Hills HealthCare Network (FHHN) is nationally recognized as a leader in integrated healthcare delivery, providing a full range of healthcare services. For the past quarter-century, our mission statement has remained unchanged: "to provide comprehensive quality health care in a spirit of personal caring".

As a leader in the managed care arena, FHHN has forged the path with programs causing them to be in the foreground of innovation; one such program was the induction of a method to educate our patient base on self determination and active participation in decision making regarding their care. We feel that such education and inquiry about advance directives will, in turn, encourage patients to communicate their preferences and values in advance to their loved ones.

Instituting the Advanced Directives educational process for our patients and their families has adversely affected the OSHPD outcomes data as it is being reported. A statistically significant number (30%) of our mortality cases were 2patients who had executed Advance Directives facilitating a "Do Not Resuscitate" (DNR) course of action by our healthcare team. The inability to capture this statistic has been identified by OSHPD as a significant weakness in their study to the extent that their intent is to begin measuring this indicator in 1996.

At present, we feel it is nearly impossible to determine whether outcomes reflect chance variation, variance in data reporting practice, limitations of quantifying severity of illness, age variances (our patient base averaged 77 years of age in comparisons to other hospitals) or true quality of care differences. These flaws cause us significant concern as to the ability of the OSHPD outcomes data to stand alone.

FHHN takes pride in our high commitment to continuing quality improvement. We have assembled a unique team of forward-thinking physicians, professional staff and healthcare managers. Medical Staff Peer Review through monitoring and evaluation of actual patient cases as well as trend analyses are among the activities which these individuals engage in to ensure an effective system for delivery of quality care to our large patient population.

We recognize that the Office of Statewide Health Planning and Development is attempting to provide information about hospital quality of care to the patient/consumer as mandated by Assembly Bill 524. We acknowledge this to be a positive step towards the education of the patient/consumer community and hope that our continued support towards the refinement of this process will result in advancements in the quality of care for all Californians.

Until refinements to the data collection occur which allow for capture of "Do Not Resuscitate" status, age range identification and other such severity of illness classification this organization believes the OSHPD data not to be a reliable indicator of quality of care.